DECLARATION FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe the named inventor(s) to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DMA CONTROLLER FOR DIGITAL SIGNAL PROCESSORS

the specification of which:

[ ] is attached hereto;
[X] was filed on February 25, 2004, as United States Application No. 10/786,249, Confirmation No. 2715, bearing attorney docket No. A0312.70515US00.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

The undersigned hereby appoints the following attorney(s) and/or agent(s) to prosecute this application and all related divisional, continuing, substitute, renewal, reissue, re-exam, and to conduct all business in the Patent and Trademark Office connected therewith:

[X] *Practitioners at Wolf, Greenfield & Sacks, P.C.*   **23628**
   Customer Number:
AND
[ ] *Practitioner(s) named below:*

Name	Registration Number

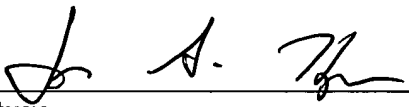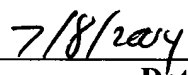[X] *Direct all correspondence to the above-mentioned customer number*

OR

[ ] *Correspondence address below:*

ATTORNEY'S NAME					
FIRM NAME					
ADDRESS					
CITY		STATE		ZIP	
COUNTRY		TELEPHONE		FAX	

Address all telephone calls to William R. McClellan at telephone no. (617) 720-3500.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

_____   7/8/2004_____

Inventor's signature   **Date**

Full name of sole inventor: John A. Hayden

Citizenship: United States of America

Residence: 59 Gavins Pond Road

                                                      Sharon, MA 02067

Post Office Address: 59 Gavins Pond Road

                                                      Sharon, MA 02067